

About Coordination of Benefits

.....



Beneficiaries who are entitled to TRICARE may simultaneously be eligible for Medicaid or Medicare.

A beneficiary CANNOT opt out of TRICARE entitlement or have their record terminated in the Defense Enrollment Eligibility Reporting System (DEERS) in an effort to remove TRICARE entitlement and/or in favor for Medicaid or Medicare preference.

If you have both TRICARE and Medicaid or Medicare, tell your providers so they submit health care claims to the appropriate agency in the proper order. In most cases, this process of “coordination of benefits” limits or eliminates beneficiary out-of-pocket expenses.



Updated February 2016

Frequently Asked Questions

.....

Who does this affect?

TRICARE-eligible beneficiaries, including those who are entitled to medical benefits in accordance with DoDM 1000.13, Volume 2, http://www.cac.mil/Portals/53/Documents/DODM-1000.13_vol2.pdf.

How do I know if I am or my children are entitled to TRICARE?

You can log into milConnect, at <http://milconnect.dmdc.mil>, to review your TRICARE entitlements.



What if I have questions about milConnect or my benefits?

If you have questions about milConnect or about your benefits, please contact the DMDC Support Office at 1-800-538-9552.

Where can I find more information?

See the inside of this brochure for more information. You may also contact the DMDC Support Office at 1-800-538-9552.

Information for Beneficiaries

Coordination of Benefits



www.cac.mil

TRICARE & Medicaid



TRICARE is the first payer; charges not covered by TRICARE may be submitted to Medicaid.

For general information on Medicaid's Coordination of Benefits with other insurances, please access the following website:

<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/eligibility/tpl-cob-page.html>.

For specific assistance with Medicaid in your State, locate and contact your local regional office by accessing the following website:

<https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html>.

TRICARE & CHAMPVA



To be eligible for CHAMPVA, the Beneficiary cannot be eligible for TRICARE.

To find out more about CHAMPVA eligibility, please access the following website:

http://www.va.gov/PURCHASEDCARE/programs/dependents/champva/CHAMPVA_faq.asp.

TRICARE & Medicare



Medicare is the first payer; charges not covered by Medicare may be submitted to TRICARE. For more information, access the following website: <http://www.tricare.mil/Plans/Eligibility/MedicareEligible.aspx>.

For assistance, call Medicare at 1-800-773-0404, or access the following website: <http://www.medicare.gov/Pubs/pdf/02179.pdf>. If you have questions about who pays first, call the Medicare Benefits Coordination & Recovery Center at 1-855-798-2627.

- For services covered by Medicare and TRICARE, Medicare pays first and TRICARE pays your remaining coinsurance for TRICARE-covered services.
- For services covered by TRICARE, but not Medicare, TRICARE pays first and Medicare pays nothing.
- For services covered by Medicare, but not TRICARE, Medicare pays first and TRICARE pays nothing.
- For services not covered by Medicare or TRICARE, Medicare and TRICARE pay nothing and you must pay the entire bill.

Generally, if you use a Medicare provider, the provider will file your claims with Medicare. Medicare pays its portion and forwards to the TRICARE claims processor for direct provider payment if you do not have other health insurance (OHI). Visit

<http://www.medicare.gov/Pubs/pdf/02179.pdf> to see who pays first.

If your OHI is secondary to Medicare, Medicare will process and pay their portion, then forward the claim to the OHI. If there is any remaining balance, you must submit a DD Form 2642, Medicare Summary Notice, and OHI EOB to Wisconsin Physicians Service (WPS) for processing and payment of TRICARE's portion of the claim. More information access is available at www.tricare4u.com/.

TRICARE & Other Health Insurance (OHI)

In general, OHI is the first payer; charges not covered by the OHI may be submitted to TRICARE.

For more information, please access the following website:

<http://www.tricare.mil/Plans/OHI.aspx>.

Coordination of Benefits

Make sure you follow the rules of your other health insurance (OHI).

- Select plan providers that are also TRICARE certified whenever possible.
- Follow your other health insurance's rules for getting care and filing claims—file claims with them first. The exception is Medicaid, as Medicaid always pays last.
- If your other insurance doesn't cover the entire cost, file a claim with TRICARE.
- If your other insurance denies a claim for failure to follow their rules (e.g., getting care without authorization; using a non-network provider), TRICARE may also deny your claim.

For additional information, please access the following website:

http://www.tricare.mil/~media/Files/TRICARE/Publications/FactSheets/Claims_FS.pdf.



Coordination of Benefits

For more information regarding the Coordination of Benefits, please visit www.cac.mil